DOCUMENT RESUME

ED 266 356 CG 018 836

AUTHOR Safian-Rush, Donna
TITLE Program Learning: Dealing with Common Problems in the Residential Child and Adolescent Psychiatric Unit.
PUB DATE [85]
NOTE 55p.; Some pages contain broken type.
PUB TYPE Guides - Non-Classroom Use (055)

EDRS PRICE MF01 Plus Postage. PC Not Available from EDRS.
DESCRIPTORS Adolescents; *Behavior Problems; Children; *Hospitalized Children; Mental Disorders; Mental Health Programs; Patients; Professional Training; Programed Instruction; *Programed Instructional Materials; *Psychiatric Hospitals; *Residential Institutions; Therapists
IDENTIFIERS *Patient Management

ABSTRACT

This manual is a programed learning tool for mental health professionals which teaches child and adolescent patient management skills to be used in a residential psychiatric care setting. The introduction to the paper describes the basic differences between adult and child psychiatry; behaviors that are abnormal for adults, such as having imaginary friends or elaborate rituals are normal for children. The programed learning text consists of brief patient problem scenarios with possible answers from which to select. The user is then given the correct response with the reasoning behind it. The 14 topics dealt with include refusing to get up, personal hygiene, smoking, power struggles, scapegoating, removing a disruptive child from the classroom, refusing to see a doctor, cursing, demanding to go to the low stimulus area, refusing medications, crisis management, refusing to participate, possessive-aggressive argument, and sexual activity. (ABL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED266356

PROGRAM LEARNING: DEALING WITH COMMON PROBLEMS IN THE RESIDENTIAL CHILD AND ADOLESCENT PSYCHIATRIC UNIT

Donna Safian-Rush

Florida International University

CG 018836

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

✓ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL IN MICROFICHE ONLY HAS BEEN GRANTED BY

Donna Safian-Rush

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

INTRODUCTION

PROGRAM LEARNING: DEALING WITH COMMON PROBLEMS IN THE RESIDENTIAL CHILD AND ADOLESCENT PSYCHIATRIC UNIT

PROGRAM LEARNING: Dealing With Common Problems in the Residential Child and Adolescent Psychiatric Unit is a learning tool designed to teach mental health professionals management skills in a therapeutic environment.

Child and adolescent psychiatry is a specialty area that differs vastly from adult psychiatry. Children and adolescents present unique pathology and it is a difficult task to distinguish between normal and abnormal behavior. For example, children often have imaginary friends and elaborate rituals. Although this behavior is considered symptoms of adult mental illness, it is quite normal for the child. Adolescence, in of itself, is a period of rapid change and crisis. This group often displays rebellious behavior and negativity. Once again, this eccentric behavior, although pathologic in the adult, may be just growing up for the teenager.

CG 018836

It is not the purpose of this manual to define abnormal child and adolescent behavior, but rather to meet the educational and training needs of mental health care professionals who work in the residential setting for this group.

The program learning text provides a conceptual, theoretical and practical approach to handling twelve common routines in an inpatient setting. Each situation is briefly described and the learner is asked to choose the most appropriate action. The correct answer and rationale are provided for immediate feedback.

ORDER OF SITUATIONS

1. Refusing To Get Up
2. Personal Hygiene
3. Smoking
4. Power Struggles
5. Scapegoating
6. Removing Disruptive Child From Classroom
7. Refusing To See Doctor
8. Cursing
9. Demanding ACU
10. Crisis Management
11. Refusing Meds
12. Refusing To Participate
13. Possessive-Aggressive Argument
14. Sex

REFUSING TO GET UP

Early morning is a crucial time for the child in residential treatment. Adjusting from sleep to the demands of the daily routine in the milieu is a difficult transition. The therapist must be careful to balance his approach to waking the child with both support and structure to set a positive tone for the rest of the day's activities.

STAFF: John, it's time to get up.

PT: I'm not getting up (flat affect, unresponsive)

STAFF: It's time to get up now, John! (touches patient on the shoulder)

PT: (Puts covers over his head)

As the staff member dealing with this patient, should you:

____ A. Explore the reasons why he is reluctant to get up?

____ B. Set firm limits in a moderate tone to get the child up regardless of his reasons for being reluctant?

____ C. Allow the child to stay in bed for now and get up when he feels ready?

____ D. None of the above. Your response would be to

_____

_____

_____

(Please answer before turning the page.)

There are many reasons why a child may refuse to get out of bed. He may be resisting authority, he may be lethargic from his medications, he may be drowsy from being unable to fall asleep all night, or unable to make the transition from the security of sleep to the demands of the milieu, which is often stressful.

Milieu Therapists must realize the goal is to get the child out of bed. Exploring the reasons why the child is reluctant to get up may only reinforce his behavior. It is the child's behavior, not the reasons, that the therapist must act upon.

Therefore, "A" is incorrect. Once the child is up and active, the therapist can give the child an opportunity to talk about his difficulty in waking up.

Allowing the child to stay in bed until he is ready to get up defeats the basic purpose of the milieu, which is directed towards aiding the child to cope with his problems. The Milieu Therapist must help the child to start the day on the right foot. Therefore, "C" is incorrect.

The correct answer is "B." When the staff member sets firm limits in a moderate tone, without immediately exploring the reasons behind the behavior, he is making the most direct and efficient intervention available.

PT: (In bed, covers off his face)

STAFF: Okay, John, it's time to get going.

PT: (No response-rolls over in bed)

STAFF: This is getting us nowhere. You need to make a decision <u>now</u> about getting up or I'll make some decisions for you. <u>You</u> can get up now or deal with the consequences of what <u>I</u> decide.

(There are a number of privileges available on the milieu. Earning these privileges is often the most effective way of motivating a difficult child. The therapist should always try to negotiate the least restrictive alternative to use as a consequence for non-compliant behavior.)

PT: (Still no response)

STAFF: Your behavior is telling me that you are unable to structure your time, so I'm going to give you some structure to help you get going. Staying in bed won't give you time to do your dorm duties, so instead of earning your free time, we'll come back here and do them this afternoon. The more time you waste now, the more we'll have to use later.

PT: (Gets out of bed, grumbling)

The therapist can expect a certain amount of resistance, such as the child grumbling or swearing under his breath. It is important that the therapist allows the child to express his feelings (within reason) and allow some personal space to avoid a re-engagement of a similar issue. Generally, the less management issues that have to be addressed in the morning, the more positive the rest of the day will be.

PERSONAL HYGIENE

Many times, difficulties getting out of bed continue through the time when the child begins to get ready for the day's activities.

Children and adolescents may find this time particularly troublesome as they are often self-conscious about their appearance and, with older children, their sexual identity. This is especially true for patients in residential settings who often manifest symptoms of low self-esteem.

In addition, children and adolescents may be ritualistic in their dress as part of the peer group identification, or have a "favorite shirt" they choose to wear over and over and the therapist may be forced to intervene for health and safety reasons.

The therapist, once again, must look at the goal of having the children get through the morning routine as efficiently and smoothly as possible. This task is not always an easy one. The therapist does not want to focus exclusively on one child, only to delay this routine for the rest of the children. At times, additional staff must be brought in for support.

STAFF: Now that you are up, John, it's time to take a shower and get ready for the day.

PT: I took one yesterday.

STAFF: You need to take one every day like everyone else and you need to do it now so everyone else in the dorm won't be held up.

PT: I'll take one tonight.

STAFF: This is not an issue we can negotiate. The dorm waiting. Take the shower now, please.

PT: (Begins to put clothes on as a non-verbal refusal)

(Once again, John is being resistant in carrying out his responsibilities. Exploring the reasons at this point would be starting a process which would interfere with the behavioral goal of John needing to take his shower.

Personal Hygiene (cont'd)

At this point, the therapist should begin to ask himself if there is a pattern emerging with John's responses to his requests.)

STAFF: John, we just went through this when you wouldn't get out of bed. I don't feel comfortable with giving you so much attention when you can't do the things I ask you to do.

At this point in the process, the therapist should:

____ A. Ignore the behavior and go to the other children in the dorm.

____ B. Discuss the possible reasons why John is being so resistant.

____ C. Remove John from the dorm until he able to be more responsive.

____ D. None of the above. You should _____

_____

_____

_____

_____

(Please answer before turning the page.)

Personal Hygiene (cont'd)

The therapist should not ignore the behavior and go to the other children in the dorm, as ignoring the behavior may lead to more disruption. It is a goal to have the morning ritual as relatively calm as possible. Therefore, "A" is an incorrect answer.

Discussing the possible reasons for the child's resistance is counter-productive to group oriented management at this time. Remember, John is not the only child in the dorm and the other children need staff supervision and structure. Therefore, "B" is an incorrect answer.

Removing John from the dorm until he is able to be more resonsible (C) is the correct answer. This immediately interrupts the pattern of John's monopolizing the staff's attention through negative acting out type behaviors and frees the therapist to help the other patients in the dorm. The therapist must use judgment in deciding when to stop negotiating and start exerting control. Since the staff member has already had a similar problem earlier with John, he should now take a firmer stand, giving John a clear message that his behavior is unacceptable.

STAFF: (Calls on phone for another staff member.) I'm going to ask you to leave the dorm and go to an area where you can talk to someone about the problems we are having in the dorm.

PT: No, please! I'll take my shower. Let me stay here in the dorm.

(Staff #2 arrives.)

STAFF #1: (to Staff #2) John has been having difficulty all morning. I don't know exactly what it is that's bothering him. Maybe he's trying to get my attention or

maybe he is trying to distract me from the rest of the dorm. Whatever the problem, he's becoming disruptive to the dorm routine and needs to work things out with you away from here. Let me know when he is ready to come back, however long it takes, and I will arrange for him to take his shower.

Discussing a child with another staff member while the child is present:

____ A. Should not be done as it is a violation of confidentiality and trust of the patient-staff relationship.

____ B. Should be done as it serves to communicate to the staff member the dynamics of the situation.

____ C. Should be done as it establishes a structured course of events which the child can follow to successfully complete his responsibilities.

____ D. Should be done as it clarifies the structure of the environment for the remaining patients.

(Please answer before turning the page.)

Personal Hygiene (cont'd)

Discussing a child among staff members is a necessary component of the milieu. As a therapeutic community, all staff members have a relationship with all patients to varying degrees. There are no secrets and the sharing of information is vital to consistency among staff members.

Therefore, "B", "C", and "D" are correct as they are consistent approaches to the therapeutic milieu.

POWER STRUGGLES

One of the most important areas of the therapeutic milieu for the child is the classroom. School is the major activity for children and adolescents and the most important part of their lives in regards to forming peer relationships and beginning the process of separation and individuation from the family. For the emotionally disturbed child, school can be an anxiety provoking and threatening place where she is in constant competition with peers and expected to function within a closely supervised, structured setting.

It is not surprising that many children and adolescents choose school as an area to avoid at all costs, often content to accept negative consequences for their behavior if it is a means of escaping the stress of the situation. Engaging the staff in power struggles is a popular way of avoiding such unpleasant or threatening situations.

TEACHER: School has started now, Steve. You have your assignments. Let's get started.

PT: I'm not doing any school work today. I'm tired. Just Leave me alone.

MT: Since you are refusing to do your school work, I'm going to send you out of the classroom until you can cooperate.

PT: (Yelling) You can't make me do that crap! I hate school and this place is unfair.

MT: (Raising voice) I'm just asking you to do what you're supposed to do. Don't yell at me like that. This is your problem.

PT: Shutup! You're always picking on me. (Yelling) You don't like me. You're only here for the money! I hate you!

Power Struggle (cont'd)

STAFF: (Getting angry) Don't talk to me that way! I'm in charge here and you'd better start doing what I say!

In this situation, the therapist should:

____ A. Set limits with the child quickly to show him he can't talk to adults in this manner.

____ B. Apologize for getting angry and allow the child to stay in school to maintain your good relationship with him.

____ C. Explain how you are feeling and take time to regain your composure.

____ D. Teach the child to be careful of what he does by yelling at him in front of his classmates.

____ E. None of the above, you should _____

_____

_____

_____

_____

(Please answer before turning the page.)

Power Struggle (cont'd)

Setting limits on the child will only aggravate a situation that is rapidly becoming unproductive. It is also probably what the child would like, as it would force him out of the situation without having to confront the "real" issue, his difficulty in the school setting. Therefore, "A" is incorrect.

Apologizing for getting angry would probably harm your relationship with the child rather than help it. The messages would be conflicting. All children need to know that they can trust adults to maintain a safe, structured enviornment and not change their behavior because of emotional outbursts. With this approach, the child is in more control than any other way. He can control the therapist by getting him angry. Therefore, "B" is incorrect.

All children have a large investment in how they appear to their peer group. Yelling at the child in front of her peers is punitive and serves no purpose other than the therapist's need to "get back" at the child for his poor behavior. Therefore, "D" is incorrect.

By showing the child that he is aware of his feelings and can control them, the therapist has shown a positive way to deal with feelings and acts as a role model for the child in positive ways to interact and problem solve. Therefore "C" is the correct answer.

STAFF: Wait a second. I feel myself getting angry with you and we can't deal with this problem that way. I think we should stop for a minute and discuss this later. You sit outside and we'll both relax and talk about this in about five minutes.

PT: (More calmly) Okay. I'm mad too, but I'll do it.

Power Struggle (cont'd)

Probably the hardest thing about dealing with power struggles is becoming aware of being in one. The therapist must be sensitive to his emotions and responses to patients while remembering that children often engage staff in ways that allow the expression of their feelings in indirect ways and to avoid stressful situations. It is also important to remember that most disturbed children and adolescents have had up to 10 years of experience manipulating the adults in their environment and most staff have only two to three years of experience in dealing with such behavior.

STAFF: Now that we're both more in control, let's see how we can work this out. What is it about school that's bothering you?

PT: I don't know. I'm thinking about home and I just can't concentrate.

STAFF: Sometimes just putting the problem into words helps. Let's go back to the classroom and try to do some work. That should help take your mind off things. I'll help you to get started, and I'll be there to help later if you need it.

REMOVING A DISRUPTIVE CHILD FROM THE CLASSROOM

Sometimes, despite the therapist's efforts, the child will not be able to maintain himself in a stressful situation.

Up to this point, it has been emphasized that the therapist should use flexibility in dealing with problem situations and try to give the child as much responsibility for his behavior as possible. While these skills are desirable and should be utilized first in most situations, there are times when the therapist must be able to take charge of a problem situation.

In addition, the therapist must remember that the maintenance of structure for the majority of children in a group should not be disrupted for one child. The therapist must not think of his own personal investment in helping the individual at this point, but should do what is best for both the individual and the group.

PT: (Frustrated with school work, acts angry, throws books on the floor) I can't do this stuff! Now my parents will hate me because I can't do my school work.

STAFF: (Calmly approaches child, without violating personal space) You're going to have to leave. That behavior just can't go on here in school.

PT: You said you'd help me. Can't we talk about this? Give me one more chance. My parents will kill me.

STAFF: We tried that. It's not working. You can't throw things because you're upset. Since you're showing me you're not in control, I'm going to take control for you. Come with me so you can settle down.

PT: No, I'm just upset. I'll behave. Let me stay.

Since the child has stated he will behave, the therapist should:

____ A. Let him stay in the classroom and closely observe him.

____ B. Recognize the clues the child has told you (family issues) and ask him to tell you what's happening to make him upset.

____ C. Remove the child from the classroom.

____ D. None of the above. You should _____

_____

_____

_____

_____

_____

(Please answer before turning the page)

Letting the child stay in the classroom is contrary to what the therapist has already asked the child to do. Once a decision has been made, it should not be changed. Letting the child stay at this point gives him the message that the therapist's directives are unimportant in this situation as well as others. Therefore, "A" is incorrect.

It is important to recognize the child's statement concerning his family, but at this point, it is not the issue. While the child's concerns are probably real, they are also "bait" to get the therapist to relax his stand on the child leaving the class room. Again the therapist must stick to his original decision. Therefore, "B" is incorrect.

Removing the child from the classroom is consistent with the therapist's previous directive and shows the child that "begging" will not get him his own way or alter consequences for his behavior. In this way, the therapist maintains control of what could be a potentially explosive situation. Therefore, "C" is the correct answer.

STAFF: You need to leave. Your decision <u>now</u> is to come quietly or I'll have to escort you.

PT: I'll go with you, but I think this is unfair.

By addressing the behavior in this situation, as opposed to becoming involved in the discussion the child attempts to initiate, the therapist has stressed structure and limits. He is communicating expectations for appropriate behavior to the entire group, as well as demonstrating his ability to address problems while maintaining a safe environment for the group.

CURSING

When working with children and adolescents, a certain amount of foul or abusive language can be expected. The therapist must use his judgment in responding to such language, usually in regards to either a malicious intent or a response to a particularly stressful or upsetting situation.

Cursing is often a way to engage staff for attention or to express frustration or displace anger over events in the environment. For example, swearing at staff is much safer than swearing at parents or other important authority figures in the patient's life.

STAFF: Please turn around and stop talking.

PT: (Angrily) You bastard, stop bothering me! You're bitching at me all the time. Go to hell!

STAFF: Settle down. I don't talk to you that way, so I don't expect you to talk to me like that. I think you need to control yourself.

PT: You're an idiot! All you think about is power. You're a pig.

In this situation, the therapist should:

____ A. Ask the child to stop talking and regain control.

____ B. Ask the child what is really going on with him to make him so angry.

____ C. Set very firm limits to remind the child that behavior such as this will not be tolerated.

____ D. Ignore the behavior so you don't reinforce it with a response.

(Please answer before turning the page.)

Asking the child what is making him so angry can be an excellent approach if your relationship with him is extremely good. However, if the therapist attempts to do this while the child is angry, he will most likely only continue to illicit anger. Calming the child should be the first priority, after which a discussion of this sort may be quite productive. Therefore, in this situation, "B" is incorrect.

Setting firm limits may sound desirable as it would quickly end the angry outburst. In some extreme cases, this may become necessary; however, when a child becomes so obviously angry in such a short time, this approach may only add fuel to the fire and channel the child's anger into a power struggle. Therefore, "C" is incorrect.

All children know and expect a response from adults for this type of behavior. Ignoring the behavior may tell the child he needs to do more to get you to react to him, something that may be harmful to himself or to others. Therefore, "D" is incorrect.

In this situation, any response is better than none; however, the best response is to be neither punitive nor unconcerned at first. Asking the child to stop recognizes the behavior and gives the therapist greater latitude in deciding upon and implementing limits on behavior if needed later in the interaction. Therefore, "A" is correct.

STAFF: Stop, go outside, sit down and relax. When you're calm, we'll talk, but not before.

PT: (Mumbles under his breath while sitting down)

STAFF: (After a short time) Good, you seem calm now. I can't believe you're that upset with me for asking you to turn around. I know something must be bothering you.

Cursing (cont'd)

PT: Well, I'm worried about my progress meeting but I don't expect you to care about that.

STAFF: Of course I care! I'm upset with the way you let me know, that's all. I expect more from you than that.

PT: I'm sorry.

STAFF: Don't be sorry, just think about what you're doing. There are better ways to let me know you're upset.

The therapist in this situation has turned a potential power struggle into a productive interaction by not responding instantly to the child's behavior. Hopefully, the child has learned that he doesn't have to be angry to be heard, which can do more to change behavior than anything else in the milieu. The therapist must be secure enough with his authority and control to know when <u>not</u> to use it.

POSSESSIVE-AGGRESSIVE ARGUMENT WITH YOUNGER CHILDREN

Not all activities in the therapeutic milieu are as structured as school or other formal adjunctive therapies. Play or free time requires the therapist to provide a framework of expectations for peer interactions and management of time. This time can also be an excellent opportunity for the therapist to interact with the children on a more relaxed and friendly basis, as he can be less concerned with meeting specific program goals as in the structured activities.

The therapist can also, however, expect a higher frequency of problem behaviors during unstructured times and should remember that his role is still to maintain a safe and, in this case, more relaxed environment. Through encouraging problem solving and cooperative behavior among the children, rather than strict control or limit setting, play or free time can become an opportunity to learn how to get along with peers in a social situation.

SETTING: Group of children playing pool.

PT. #1: Give me the cue (grabbing). I want to use it.

PT. #2: I've got it now. It's mine. (Each pulling on cue.)

STAFF: (Steps between patients, takes hold of cue firmly) What's the problem?

PT. #1: He has my cue. I want to use it. Make him give it to me. He's agitating me.

PT. #2: I had it first and now he's trying to get me in trouble. Do something about it!

The best intervention at this stage of the problem is:

____ A. Tell them not to argue and give the cue to Pt. #2 because he said he had it first.

Possessive-Aggressive Argument with Younger Children (cont'd)

____ B. Tell them to quiet down and share the cue; then walk away.

____ C. Set limits on them for arguing and take away the privilege of playing pool.

____ D. Acknowledge the problem and ask both children try to work it out.

(Please answer before turning the page.)

Giving the cue to a child because he says it was his first requires the assumption that this information is correct, which may be difficult to determine. Although it terminates the problem immediately, the message is: "He who yells loudest (and first) will get what he wants from those in charge." Therefore, "A" is incorrect.

What will happen in a similar situation where there is not a therapist immediately available to solve the problem? The therapist who is too quick to solve a problem removes the children's opportunity to learn to problem solve on their own. Therefore, "B" is incorrect.

Setting limits and taking away privileges misses the point of the situation and how it can be a positive experience in the milieu. Guidance is much more profitable than control for this as well as similar situations in the future. Children can be expected to yell and argue. The real issue is how to work through the disagreement. Therefore, "C" is incorrect.

Acknowledging the problem is important to help the children have an awareness of their difficulty. The next step of having them try to solve it on their own makes them responsible for their behavior and reinforces an ability to work together that they might not be capable of seeing at the time. Therefore, "D" is the correct answer.

STAFF: I'm glad that you are letting me see there is problem. I think this is something you can work out on your own. Sit down for a minute and discuss a way to make the game go more smoothly, without all the arguing. I'll be here if you need me but try to do it on your own.

PT. #1: I don't want to talk to him. He always does this to me.

PT. #2: I don't know what to do. There's only one cue stick.

Possessive-Aggressive Argument with Younger Children (cont'd)

Sometimes when tempers flare, it is hard for the children to switch gears. Also, when a staff member has to get involved, both children may attempt to manipulate his authority in one or the other's favor. In this case, the therapist can become more directive while still giving them the opportunity to resolve the difficulty.

STAFF: Well, if you two can't even try to figure this out, I don't know what to do except cancel the pool game for today.

PT. #1 Don't do that! I guess we could take turns using the cue without getting mad.

PT. #2: Yeah, we can do that.

STAFF: That's great. I'm glad to see you two can work together to solve a problem. Have a nice game.

DEMANDING TO BE TAKEN TO THE ACU

Many facilities make available to their patients an area where they can go to regroup during periods of upset or disorganization. This area is also available for staff to place children who are particularly disruptive or in need of a quiet, low stimulus area. While this can be a useful and necessary placement for some children, the therapist must be aware that some patients may attempt to manipulate their way into such an area in order to avoid stressful or unpleasant situations in their daily routing.

STAFF: (To noisy group) Everyone is too noisy. Take a seat until you can be quiet and go on.

PT: (Yelling) This isn't fair. I wasn't doing anything. You're power hungry! I want to go to ACU!

STAFF: You are part of the team and you need to get it together as a team. Right now, no one is going anywhere.

PT: You're really making me mad. I want to request a time-out and you can't stop me. I know my rights. I'm going to do something if I don't get out of here!

The best approach in this type of situation is to:

____ A. Take the threat seriously and "back off" so the child doesn't escalate the situation.

____ B. Take the threat seriously and set firm limits to maintain control.

____ C. Let the child know you hear him but continue to ask for compliance with the original request.

____ D. Give him the time out immediately. It is his right to request it.

(Please answer before turning the page.) 27

BEST COPY AVAILABLE

BEST COPY AVAILABLE

Demanding to be Taken to the ACU (cont'd)

Although all threats should be taken seriously, the therapist should not "back off." If he does, he is giving the child the message that he is relinquishing control of the situation to him. Therefore, "A" is incorrect.

Setting firm limits to maintain control in this situation may tend to aggravate the child and set up a power struggle. The therapist should remember that he has control, whether he chooses to demonstrate it (by setting firm limits) or not. The child most likely expects the therapist to set limits as it will give him a reason to continue to act out and, in that way, get what he wants. Therefore, "B" is incorrect.

Allowing the child immediate gratification of his request for a time out teaches him a method of escaping any unpleasant or stressful situation, simply by making enough "noise" towards those in authority. The first duty of the therapist is to help the child maintain himself with his team and to then find alternatives and compromises to meet his needs. Therefore, "D" is incorrect.

Letting the child know you understand his emotional state and his request is important to help him maintain his behavior. Once a request is made, the therapist must ask for compliance in all but extreme situations to remain consistent. Changing requests may cause confusion and gives the message that staff requests are not important. Therefore, "C" is the correct answer.

STAFF: I understand that you are angry and I will discuss going on a time out with you. First, you need to finish this time with the team.

PT: Okay, but I want to go right after this.

STAFF: That's a good decision. We'll talk on our way to the next activity.

In this situation, a power struggle with the patient was rapidly developing. To avoid having such a situation escalate further, the therapist can allow the child to make his demands while at the same time structuring the situation to maintain his control of it. Such an approach makes the child feel he is being heard but forces him to respond to the present situation. The child, hopefully, will learn that he has the capacity to cope with stressful situations and not try to find ways of escaping them.

SCAPEGOATING

Scapegoating occurs when a child singles out a peer as different or more troubled than he is. Usually the scapegoating is given the blame for a number of unfortunate occurrences in the environment and receives the blame for any problems arising with the group. At times, a child may manipulate a more seriously ill peer into "acting out," which may be an indirect way for the child to release his hostility or aggression. Usually the message the child is giving is, "If I can direct your attention to other patients, you will not notice how sick I am." The therapist must be especially careful not to fall for this trap and must convince the child that he has an understanding of him and his problems.

SETTING: A group is walking through the hallway being very loud and disruptive.

STAFF: You guys are having trouble walking in line and we need to get it together right now. Everyone take a seat.

PTS: Why? We weren't doing anything wrong!

STAFF: People are pushing each other, yelling, and not watching where they are going.

PT. #1: It's Rich's fault. He keeps kicking me.

PT. #2: Yeah, he can't walk right. He's agitating me.

RICK: I wasn't doing anything. (Smiles) These guys are always picking on me.

PT. #2: That's because you're always bothering people and you stink.

STAFF: All right, hold it right there! Everyone quiet!

Scapegoating (Cont'd)

At this point in the situation, the therapist should:

____ A. Address the most verbal individuals concerning their role in the problem and take away their privileges to stop the behavior.

____ B. Point out the group behavior that is disruptive, recognize attempts at scapegoating and provide guidance as to what behavior is expected.

____ C. Defend the individual who is being blamed by the rest of the group to give him the support he needs.

____ D. None of the above. The correct course of action is_____

_____

_____

_____

(Please answer before turning the page.)

Scapegoating (cont'd)

Addressing the loudest individuals and stopping their behavior may seem attractive as it immediately restores order to an unruly group. In reality, this may serve to reinforce scapegoating as it feeds into the purpose of the behavior, distracting the therapist from the "here and now" problem of the group being unable to walk together. Therefore, "A" is incorrect.

It may seem logical to support an individual who has difficulty maintaining and defending himself from the group's pressures; however, this intervention also reinforces scapegoating for the group by focusing attention on only one member whom the group has "chosen" for this honor. Therefore, "C" is incorrect.

"B," the correct answer, maintains pressure on the group to work together while not singling out individual members. Commenting on the attempts at scapegoating conveys the message that the therapist is aware of the behavior and it will not be allowed. Providing alternatives for appropriate behavior should be done in all situations to give the group responsibility in choosing how they will behave.

STAFF: I see almost everyone in this line having a problem and I think everyone needs to look at their own behavior instead of blaming someone else. I want everyone to watch out for the person in front of them. Keep you hands to yourself and no talking. If we can't do that, we'll just have to practice walking during our free time. It's your responsibility to decide how this is going to go. Now, let's try it.

At times, an individual may scapegoat himself in an effort to direct attention away from some aspect of his personality or behavior that is a source of anxiety to him or because of feelings of insecurity that make him desire more attention from adults. Such issues should be dealt with in individual psychotherapy sessions. The milieu therapist's

main responsibility, again, is maintaining the group behavior. In this case, by maintaining a group rather than an individual perspective, the therapist negates the group's attempts to escape responsibility for their behavior by blaming a member of the group.

CRISIS MANAGEMENT

There are a small number of children who have a pervasive lack of internal controls and who may act out in aggressive ways when subjected to stress or as a direct function of their pathology. The therapist must be prepared to provide external controls, as needed, to maintain a safe and structured environment for these children.

STAFF A: (Bringing child to ACU) John has requested some time here and seems pretty angry. He hasn't been able to discuss the problem with me but I think he needs to spend some time with you before joining the team. (Leaves)

STAFF B: Okay, John, have a seat and let's talk about what's bothering you today.

PT: Nothing! I'm just mad. I want to stay here for a while.

STAFF B: We need to talk before you join your team. What's been happening with you lately? How did your pass go this weekend?

PT: (Tense) Fine. I don't want to talk about it!

STAFF B: You looked tense when I mentioned your pass. Are you sure everything went well?

PT: (Agitated) Listen, I don't want to talk about it! (Jumps up) Leave me alone!

Crisis Management (Cont'd)

With the child appearing to be very upset, the staff should:

____ A. Attempt to calm him with reassurances and a pat on the back.

____ B. Apologize for upsetting him with your questions and leave the area so he can be alone.

____ C. Restrain him before he hurts you or himself.

____ D. Comment on his emotional state and wait to see what he chooses to do next.

(Please answer before turning the page.)

Attempting to reassure the patient is fine. Touching him in this agitated state may be interpreted as a threatening gesture and provoke an aggressive response. It is important to give angry patients their personal space as they might not be thinking clearly in a heated situation. Therefore, "A" is incorrect.

Apologizing gives the message that having and expressing strong feelings is hard for the staff to deal with and therefore undesirable. Usually, children act out as a way to ask for help. Leaving the area is contrary to both the need to supervise the child and the communication of your understanding of his needs at the present time. Therefore, "B" is incorrect.

At this point in the situation, there is no clear indication that the child needs to be physically restrained. To do so would be an over-reaction and communicates a message to the child that he is a powerful individual who is threatening to authority figures. It also conveys the message that strong expressions of emotion are undesirable and will be punished. Therefore, "C" is incorrect.

Commenting on his behavior lets the child know his effect on others and that he is being understood. At times, this may be enough to diffuse the situation. The therapist should wait to see the child's response so he can formulate the best plan for what to do next. Therefore, "D" is the correct answer.

STAFF B: I can see you're upset right now. Let's try to get some control before we go any further. (Other staff arrives)

PT: (Angrily strikes wall)

STAFF B: We aren't going to let you hurt yourself. You need to settle down now. Can you tell me what's

going on? (Staff moves in closer proximity, one on each side)

PT: I'm getting out of here! (Moves toward staff) You can't stop me!

STAFF A & B: (Grasp patient from each side, lower him to the floor)

STAFF A: (To Staff C) You grab his legs! (To Staff D) Try to talk to him. He knows you better than I.

PT: (Out of touch with reality) Help me! They're hurting me! I'm sorry. I'm sorry.

STAFF D: John, this is Bill. Look at me. Calm down; you're okay. Take a deep beath and try to relax. We'll let you go as soon as we see you are calm. Tell me why you're scared.

When forced to restrain a patient physically, it is important that one staff member take charge and direct other available staff to avoid confusion and lessen the possibility of someone being injured. As this is a frightening event for the child, he may appear to panic and lose touch with the reality of the situation. At times, making eye contact with the child and describing the situation will serve to reassure him and bring him back to reality. Other times, it may be best to simply hold the child and let him ventilate his emotions until he is calm. It is wise to hold the child until the staff are sure that he has regained control and poses no further threat to himself or others. Remember, judge this from his behavior, not his words. A child who continues to struggle or remains tense while asking to be released is still in need of restraint.

SMOKING

In a treatment setting designed to promote both physical and mental health, unhealthy practices such as smoking are usually prohibited.

Specific prohibitions such as this are often one of the first things the adolescent will "test." This occurs for two reasons:

1. To determine the seriousness of the staff in enforcing rules.

2. To determine whether the staff can be seduced to support the child or adolescent as a friend rather than a therapist.

In this way, the child decides whether or not the staff is trustworthy; if the staff will break or bend one rule, they can probably be manipulated to break others.

STAFF #1: I smelled smoke in the bathroom and I would like you to come with me to confront the patients.

STAFF #2: Okay.

STAFF #1: Let me have everyone's attention. Someone has been smoking in the bathroom and I need to know who's been doing it or who knows something about it.

PTS: I don't know. It wasn't me.

STAFF #1: All right. I'll give you all a few minutes to come up with some answers. I'd hate to have to restrict the whole dorm for one or two people.

It is usually no accident when the staff is able to smell smoke, or is able to pick up on other "tell-tale" signs that something contrary to the rules is happening (such as overhearing "private" conversations among the children). The child is once again testing the staff and the therapist who does not respond to these cues is considered weak.

Smoking (cont'd)

Usually the child is asking for structure and the therapist must attend to this symbolic request. Many times the child is not able to directly ask for the limits he requires to order his world and he must know he can depend upon the staff to respond to these needs.

In this situation, the therapist is attempting to use peer pressure to find those responsible for the smoking.

PTS: (Two children approach the staff) We were smoking.

STAFF #1: I know that both of you have never smoked and I wonder if you're trying to keep the dorm from getting in trouble. (To all patients) If I can't find out what is happening, everyone will have a 72 hour restriction from your privileges because you are showing me that you can't be trusted. I suggest that you go back to discuss this and give me some realistic answers.

PTS: (Two different children step forward) Okay, we did it. We're sorry. You won't take our privileges away since we admitted it, will you?

When a child does admit his role in a situation in which rules are broken, the staff should:

____ A. Listen to the reasons the patient gives for his behavior and then decide upon the consequences.

____ B. Realize that smoking is an unconscious release of oral frustration, so the child is not responsible for his behavior.

____ C. Compliment the child on his honesty, then set the appropriate limits on his behavior.

Smoking (cont'd)

____ D. Compliment the child on his honestry, then drop the issue as he told the truth.

(Please answer before turning the page)

Listening to the reasons why the behavior takes place may initially give both the patient and the staff a feeling of having resolved a problem; however, the important issues of response to authority, trust and the child asking for help are not addressed. Therefore "A" is incorrect.

Realizing that smoking is an unconscious release of oral frustration may very well be true; however, it is the role of the psychiatrist or psychologist in the intensive psychotherapeutic relationship to explore this with the patient. A 5 to 10 minute discussion between the child and the staff will probably accomplish very little. Therefore, "B" is incorect.

Complimenting the child on his honesty and doing nothing else can convey the message that simply by telling the truth, any type of behavior is allowed with no consequence. Therefore, "D" is incorrect.

Complimenting the child on his honestry and following through with the appropriate limits gives a two-fold message. One, the value of honesty and trust between staff and the child is emphasized; and, two, the message is clear to the child that there are limits to what is allowed and he is resonsible for his behavior, no matter how he tries to undo it. Therefore, "C" is the correct answer.

STAFF: I would like you to give me any cigarettes and matches that you still have and then we will discuss it.

PT: (Hands over matches)

STAFF: I'm glad that you decided to do the right thing and come forward. It makes me feel good about our relationship. It's important, however, that you understand that your behavior has consequences, and in this case, it is a 72 drop in privilege level.

Smoking (cont'd)

It is also important for the staff to report this incident to his supervisor for further action, if necessary, and to determine, through investigation, if other patients are involved or if there is more contraband material in the facility.

REFUSING TO PARTICIPATE IN ACTIVITIES

Activities are an important part of the child's treatment program. Participation is expected, as in any other part of the milieu, to provide the children with an opportunity to interact with peers, to learn to manage time and to provide a creative outlet through which they can set goals, complete tasks and thereby improve self-esteem. The therapists's role is to motivate and assist the children by being an active role model and participating themselves.

Often the child will refuse to participate in an activity as a form of resistance, or because of her insecurity about being able to perform a task as well as her peers. Other times, the child may have quite logical and valid reasons for not wanting to participate. If the therapist accepts the child's "invitation" to focus on her negative attitude, little will be accomplished except to once again "prove" to the child that adults are unreasonable and demanding. Therefore, the emphasis in activities is not management and control (although this is sometimes necessary), but rather, more cooperation and problem solving between therapist and child. This allows the therapist to be more flexible and model different behaviors, giving him the opportunity to assist the child to become more confident in her ability to participate successfully.

STAFF: Let's get started. Donna, why don't you get some clay ready.

PT: I don't want to.

STAFF: C'mon, you need to participate. This is part of your program.

PT.: I have a family meeting right after this and I'd rather not get dirty now.

Refusing to Participate in Activities (cont'd)

At this point, the therapist should:

____ A. Accept what the child is saying and utilize it as the basis for compromising to find a solution.

____ B. Not accept any excuses and lecture the child on the importance of participation.

____ C. Accept the child's reasons as valid and allow her to get ready for her meeting.

____ D. Help the child to participate by reminding her how much not participating will affect her privileges.

(Please answer before turning the page.)

Not accepting any excuses and lecturing the child gives her the feeling that she is not being heard and what she is saying is not important. Above all, the child must feel that she has some input into the events of her life. One of the important aspects of activity therapy is learning to be flexible with others. Therapy by decree is not therapy. Therefore, "B" is incorrect.

Accepting the child's reasons as valid and allowing her to get ready for therapy makes the activity seem unimportant and gives the child too much control. The child may learn that if the excuse sounds good enough, she can manipulate the system to get what she wants. Thus, "C" is incorrect.

Helping the child to participate by reminding her how much not participating will affect her privileges is really a polite way of threatening her. The child's statement about family therapy is not heard and, if she does not participate because she feels threatened, her attitude will not be conducive to learning. Therefore, "D" is incorrect.

Accepting what the child is saying and utilizing it as the basis for compromising and finding a solution is a constructive interaction. The child is made to feel that her concerns are real and not an excuse to avoid situations. By encouraging compromise, the child may learn that situations are not always "black or white" and that there are ways to meet the seemingly inconsistent demands in her life. Therefore, "A" is the correct answer.

STAFF: It's important to look nice for your parents but this is important too. Why don't you try to make something for them.

PT: I'm not going to make something for them. Besides, I'm not very good in art.

STAFF: Tell you what; let me help you get started and let's see what you can make.

BEST COPY AVAILABLE

PT: But I'll still get dirty!

STAFF: Well, if you're able to get something started, I'll let you stop early to clean up for your meeting.

PT: Thanks, man!

REFUSING TO SEE A THERAPIST

While our emphasis has been on attending to group rather than individual behaviors, many situations arise when the therapist must address a specific problem on an individual basis.

Although counseling should be kept to a minimum (so as not to encourage inappropriate behavior to gain individual attention), it is important that the therapist has the skills to be flexible. Flexibility means not always having to be in control of all situations, but being able to know when to "step-back" and encourage the child to find his own solutions to problems.

This particular situation is one in which the therapist should "step-back" and allow the child to make a decision, acting as a guide rather than a director of behavior. Through negotiation with the child, the therapist can model problem-solving behavior and encourage the child to seek alternatives and compromises to meet her needs.

SETTING: A child playing with peers during unstructured time.

STAFF: Joan, it's time for you to see your therapist now.

PT: I don't want to. She always wants to see me when I'm having fun. Tell her I'll see her some other time.

STAFF: I'm not delivering any messages for you. She's waiting to see you now. What do you think you should do?

PT: I'm not going. You tell her I'll see her tomorrow.

At this point the therapist should:

____ A. Threaten the child with losing privileges if she doesn't comply with the request.

____ B. Explore alternatives to decide, with the child, the best way to solve the problem.

Refusing to see a Therapist (cont'd)

____ C. Accept the child's resistance without any further discussion and report back to the therapist for advice.

____ D. Accept the child's resistance and explain to her that it is her right to refuse treatment.

(Please answer before turning the page)

BEST COPY AVAILABLE

Using coercion to shape behavior is unacceptable and contrary to the goals of the therapeutic milieu, in the same sense that punishment is unacceptable. Therefore, "A" is incorrect.

Discussing the situation with the therapist is desirable, no matter what the outcome, as it can provide her with valuable information about the child. However, you must remember the child's purpose in being in the facility, which is to gain treatment for his emotional problems. Passively accepting the child's resistance can de-value the treatment process, which can generalize to other therapeutic activities. Therefore, "C" is incorrect.

All children are made aware of their rights as patients at the time of admission for treatment. While these rights must always be respected, it is usually best to allow the child to initiate the discussion of them. The child's concrete interpretation of his rights can become a means of avoiding the sometimes stressful or uncomfortable aspects of treatment. Therefore, "D" is incorrect.

The therapist's primary duty is to encourage active participation in all aspects of treatment. Exploring alternatives to compromise encourages participation while showing the child her ability to make decisions and assert herself within her environment. Therefore, "B" is correct.

STAFF: I think it would be rude to just not go. Have you thought of seeing her to explain why this is a poor time to meet with her? I'd be happy to go with you to do that if you'd like.

PT: (Hesitant) But I'll still miss the rest of my free time.

STAFF: That's true, but I know therapy is important. Maybe you can compromise with her on a different time for the next session.

Refusing to see a Therapist (cont'd)

PT: Okay, but I'd like you to go with me so I can come right back.

STAFF: Great, I think your therapist will like the way you've decided to handle this.

Showing the child ways to make decisions helps her to see adults as helping persons rather than people we must resist. Showing the child she is able to make a good decision in this situation reinforces her ability to do the same in other areas of her life.

REFUSING MEDICATION

Medication is a form of treatment for some children in a psychiatric setting; however, medication does not go without stigma. The act of taking medication denotes sickness and refusing it is a common way of denying illness.

Even though the child and his family are given a great deal of information about medication, the therapist should not assume the child understands the importance of this treatment. Also, the child may refuse medication to resist the control and authority of staff in a very direct manner. When a child does choose to refuse his medication, the therapist does well not to let the situation become a power struggle or a major issue.

STAFF: Fred, it's time for your medications.

PT: I'm not taking them today. They don't do any good.

STAFF: Do you understand why your doctor wants you to take this medication? I think they help you think more clearly about your problems.

PT: (Angrily) I'm sick of always taking medications or doing something else that I'm told to do!

At this point, the therapist should:

____ A. Continue to discuss the benefits of taking the medication to persuade the child to comply.

____ B. Ask the patient to take them now and talk to the doctor about his complaints at the next therapy session.

____ C. Tell the child it is his right to refuse medication but that it is not consistent with his therapy.

____ D. None of the above. Your answer:_____

Refusing Medication (cont'd)

Your answer (cont'd)_____

_____

_____

_____

(Please answer before turning the page.)

Essentially, any of the foregoing choices could be correct response to the child, in that they are attempts to process the situation with the child without being punitive or coercive, while, at the same time, emphasizing the reality of the decision. However, the child has given an important clue to the reason why he is refusing his medications when he says, "I'm sick of always taking medications or doing something else that I'm told to do."

It is important for the therapist to "pick up" on statements such as these, as the child will often use concrete events in his environment to express problems in other areas. Medication is one of the most concrete events in the child's hospitalization and, therefore, one of the easiest to utilize in this manner.

STAFF: It sounds like there's more than just having to take your medications that's bothering you. I know some kids think all we do is tell people what to do. Is that what you think?

PT: I feel that way a lot! I just get sick of always having people watching over me.

STAFF: I know that's tough. Why don't you take your medications and, later, when I have time, I'll talk with you about why things are the way they are here.

PT: Okay. Will you be sure to come by my dorm later?

The above exchange illustrates the success the therapist can have in resolving difficulties with the child by listening closely to the messages he sends and by responding to them as a person rather than an authority. In simple terms, this type of relationship is what the therapeutic milieu is all about.

SEXUAL ACTIVITY

Adolescence is a time of intense and sometimes confusing sexual feelings. It is a time of finding one's identity. Some of the adolescents in residential treatment will sexually act out as a symptom of their emotional disturbance, others due to a more natural urge to experiment with and explore these types of relationships with other people. This is not necesarily pathological as adolescence is a time of maturation, not only psychologically, but physically.

The therapist must realize that, although having sexual feelings may be normal, acting on these feelings in this type of setting (for whatever reason) is problematic. Sexual acting out may be the adolescent asking for help in clarifying and understanding these conflicted feelings. Also, the teenager may choose to act out his/her sexual feelings with peers rather than dealing with related therapeutic issues. Viewing sexual acting out as simply another form of acting out in general reiterates the need for external controls to be enforced when the adolescent is not using internal controls.

When the therapist suspects or discovers overt sexual activity of any form, he should:

____ A. Ignore the behavior and respect the adolescent's right to privacy.

____ B. Ignore the situation but report it to the psychiatrist as this person deals with sexual issues.

____ C. Confront the behavior, ask them to leave the area and refer to the supervisor for more guidance.

____ D. Confront the behavior and make them feel guilty so they won't do it again.

(Please answer before turning the page.)

Sexual activity should never be ignored. It may be a message asking for help. Children in psychiatric facilities do have a right to privacy but not when they are engaging in behavior which is counter-productive to the therapeutic process. Therefore, "A" is incorrect.

Ignoring the situation is giving the child the message that the behavior is okay, or perhaps worse, that you are not strong enough to intervene. The psychiatrist should be notified to deal with the process of the behavior but the therapist needs to deal immediately with the content. The child must realize that there are no "secrets" among the treatment team and the therapist will be a part of the decision-makng process when addressing the issue. Therefore, "B" is incorrect.

Both adolescents in this type of situation need to be confronted with their behavior to understand the serious nature of what they are doing but not in a punitive way. It is best to have them leave the area to go to a place where the meaning and consequences of their behavior can be privately discussed. Supervisors should always be notified of such instances for two reasons: First, the supervisor is an important part of the milieu and, second, the supervisor must predict, determine or recommend how to deal with the possible consequences for the children. Therefore, "C" is correct.

The children should be confronted; however, making them feel guilty is certainly not therapeutic. An approach more consistent with the milieu is to try to educate the children to act more responsibly through awareness of the effects their behavior has on each other. At the same time, they must clearly know that behavior such as this is not tolerated within the treatment setting.